

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Clark	Bob		(916) 440-7878
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
1102 Q Street, Suite 4100	Sacramento	CA	95811
			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of Real Estate Appraisers

Division, Board, District, if applicable:

Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/09/2009
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Clark, Bob

<p>▶ NAME OF BUSINESS ENTITY <u>Advanced Micro Devices Inc.</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Computers</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe)</p> <p>IF APPLICABLE, LIST DATE: ____/____/08 ____/____/08 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY <u>Chevron Corporation</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Gas & Oil</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other (NOTE: Spouse's Sole & Separate) (Describe)</p> <p>IF APPLICABLE, LIST DATE: ____/____/08 ____/____/08 ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY <u>General Electric</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Manufacturing, Energy, Finance</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other (NOTE: Spouse's Sole & Separate) (Describe)</p> <p>IF APPLICABLE, LIST DATE: ____/____/08 ____/____/08 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY <u>Johnson & Johnson</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Pharmaceuticals</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other (NOTE: Spouse's Sole & Separate) (Describe)</p> <p>IF APPLICABLE, LIST DATE: ____/____/08 ____/____/08 ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY <u>3M Company</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Manufacturing</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other (NOTE: Spouse's Sole & Separate) (Describe)</p> <p>IF APPLICABLE, LIST DATE: ____/____/08 ____/____/08 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY <u>GMAC LLC</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Financial Services</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other (NOTE: Spouse's Sole & Separate) (Describe)</p> <p>IF APPLICABLE, LIST DATE: ____/____/08 ____/____/08 ACQUIRED DISPOSED</p>

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Clark, Bob

FPPC Form 700 (2008/2009) Sch. B
FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov